570

Form V. S. No. 5—50M—8-5-22.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County of Delaware
Township of ~~Ridley~~ Tinicum
Registration District No. 475
File No. 108329
or Borough of
Primary Registration District No. 2606
Registered No.
or City of Lester (No. 97th Tinicum Ave) Ward
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Sarah Long

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married
6. DATE OF BIRTH June 9th 1857 (Month) (Day) (Year)
7. AGE 66 yrs. 4 mos. 4 ds. If LESS than 1 day how many ... hrs. or ... min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country) Penna

PARENTS
10. NAME OF FATHER Geo Kilpatrick
11. BIRTHPLACE OF FATHER (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Sarah E Hunnes
13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jennie E. Long
(Address) 97 Tinicum Ave.

15. Filed Oct 15 1923 C H Null [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 13, 1923 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1923, to Oct. 13, 1923,
that I last saw her alive on Oct. 13, 1923,
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia 100a 103
(Duration) ... yrs. — mos. 5 ds.
Contributory (Secondary) Edema of lungs
(Duration) ... yrs. — mos. 1 ds.
(Signed) H. O. Pushanskin, M.D.
Oct. 14 1923 (Address) 3611 D. 84th St, Phila

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Holy Cross
DATE OF BURIAL 10/17/23 192

20. UNDERTAKER W R Schofield
ADDRESS 1127 S 20th Phila